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## APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/769,168 01/24/2001 PAT 6,843,720  
which is a CIP of 09/660,823 09/13/2000 PAT 6,609,969  
which claims benefit of 60/153,765 09/13/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

**\*\* 09/12/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NV	SHEETS DRAWING 13	TOTAL CLAIMS 53	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>ML</i>	Initials	

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## TITLE

Apparatus and method for dispensing prizes

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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